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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000049873

1. Corporation Name

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90035 021 ***150.00

BLACKAC	CHE & MUHE, INC.						
Principal Place	e of Business	Mailing Address				111 06 111 26 111 61016 16101 121	1 19680 (111 1601
11016 N. DALE		11016 N. DALE MABRY HWY					
TAMPA FL 33618 TAMPA FL 33618					DO NOT WRITE IN THIS SPACE		
						TE IN THIS SPACE	
					3. Date Incorporated or Qualifed		İ
					06/02/1998	7-7.	unlind Con
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number 59-3529469	⊢	pplied For
21		26			37-3367967		lot Applicable Additional
Suite, Apt. i		Suite, Apt. #, etc.	02		5. Certificate of Status Desired	50.75	
22 Sur		27 Suite 2	.02		6 Elective Compaign Financian		May Be
City & State	e	 			6. Election Campaign Financing Trust Fund Contribution	1 1	to Fees
23	Country	Zip	Country		8. This corporation owes the curr	**	0.000
Zip	_ ′		30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		, , , , , , , , , , , , , , , , , , ,		10. Name and Address of New I		
	5. Name and Address of Current	Negistered Agent	81 N	lame		<u> </u>	
BULL	LUCK, ROBERT A						
11016 N. DALE MABRY HWY.			82 S	treet Addre	ess (P.O. Box Number is Not Accepta	able) [.]	
	PA FL 33618		83			-	
)	84 C	City		FL 85 Zip	Code
office or re	egistered agent, or both, in the State	Morida. Such change was aut	horized by the	corporation	n's board of directors. I hereby accer	ot the appointment as i	egistered
SIGNATURE		W No	1 . Atrook	12-1100	oration submits this statement for the n's board of directors. I hereby acce	- 9 9	
SIGNATURE	Signature, typed or primed name of registered agent	and title if applicable. (NOTE: F	Registered Agent sig	12-1100	when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	1 . Atrook	nature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Agent sig	nature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DTS KALISH, JOSEPH R	and title if applicable. (NOTE: F	Registered Agent sig 13. 1.1 TITLE	nature required	when reinstating) ADDITIONS/CHANGES TO OF TS ONE S. Rutherty OLU N. DALE MAG	DATE FICERS AND DIRECT Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND OFFICERS AND ALISH, JOSEPH R 11016 N. DALE MABRY HWY.	and title if applicable. (NOTE: F	Registered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI	nature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND ALISH, JOSEPH R 11016 N. DALE MABRY HWY. TAMPA FL 33618 DP	and title if applicable. (NOTE: F	Registered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZI	nature required	when reinstating) ADDITIONS/CHANGES TO OF TS ONE S. Rutherty OLU N. DALE MAG	DATE FICERS AND DIRECT Change AY HAY	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DTS KALISH, JOSEPH R 11016 N. DALE MABRY HWY. TAMPA FL 33618 DP BULLUCK, ROBERT A	and title if applicable. (NOTE: F	Registered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME	DRESS 11	when reinstating) ADDITIONS/CHANGES TO OF TS ONE S. Rutherty OLU N. DALE MAG	DATE FICERS AND DIRECT Change AY HAY	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DTS KALISH, JOSEPH R 11016 N. DALE MABRY HWY. TAMPA FL 33618 DP BULLUCK, ROBERT A 11016 N. DALE MABRY HWY.	and title if applicable. (NOTE: F	Registered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADI	DRESS DRESS	when reinstating) ADDITIONS/CHANGES TO OF TS ONE S. Rutherty OLU N. DALE MAG	DATE FICERS AND DIRECT Change AY HAY	ORS IN 12 Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receptor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: